



Epidemiologic Notes & Reports

Volume 33 Number 1

January 1998

Kentucky AIDS Deaths Decline

The overall number of Kentucky AIDS deaths has declined 29% from 211 in 1995 to 149 in 1996.¹ This is the first decline in AIDS deaths since the Kentucky Department for Public Health established its AIDS database in 1982.

Kentucky AIDS Deaths by Year 1990 - 1996 as of 9/30/97		
Year	AIDS Deaths	Percent Change from Previous Year
1990	119	+ 14 %
1991	119	0 %
1992	143	+ 20 %
1993	152	+ 6 %
1994	208	+ 37 %
1995	211	+ 1 %
1996	149	- 29 %

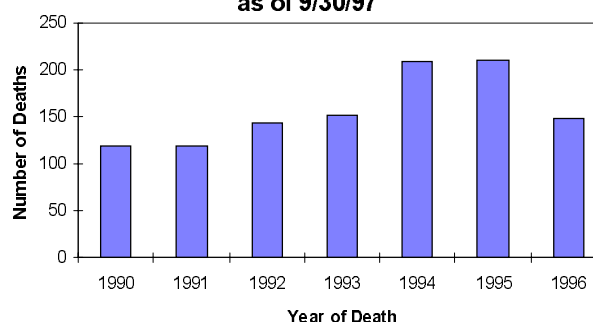
The decline in Kentucky AIDS deaths parallels a 23% nationwide drop in AIDS deaths from 1995 to 1996.² One reason for this decline could be the success of various antiretroviral treatments. The availability of protease inhibitors holds even greater promise for the future. These protease inhibitors, in combination with two reverse transcriptase inhibitors, such as AZT and 3TC, have proven successful in slowing the progression of HIV.³ Treatments for opportunistic infections also may have contributed to reducing the number of AIDS deaths. Early testing for HIV becomes increasingly advantageous as treatments improve and deaths decline.

While the decline in AIDS deaths is positive news, the war on AIDS in Kentucky is far from over. In 1996, AIDS continued to remain one of the 10 leading causes of death among those ages 25-44.⁴ AIDS incidence has not declined in Kentucky but has remained relatively stable at approximately 8.0 cases per 100,000 population from 1994 to

Inside This Issue

Kentucky AIDS Deaths Decline.....	1
Review of 1996 Kentucky Lifestyles.....	2-3
Subject Index, 1997	4
<i>Kentucky Epidemiologic Notes & Reports</i> available through the Internet.....	4
Selected Reportable Diseases.....	5
Avian Influenza A (H5N1).....	6
Influenza Update.....	6

Kentucky AIDS Deaths 1990-1996,
as of 9/30/97



1996. Also, the number of people living with AIDS continues to increase. As of September 30, 1997, Kentucky had 1046 persons living with AIDS compared to 770 persons one year ago.

REFERENCES

- 1 Kentucky Department for Public Health, HIV/AIDS Program.
- 2 CDC. Update: trends in AIDS incidence - United States, 1996. MMWR 1997; 46:861-867.
- 3 Hammer SM, Squires KE, Hughes MD, et al. A controlled trial of two nucleoside analogues plus indinavir in persons with human immunodeficiency virus infection and CD4 cell counts of 200 per cubic millimeter or less. N Engl J Med 1997;337:725-33.
- 4 Kentucky Department for Public Health, Health Data

Review of 1996 Kentucky Lifestyles

Studies have shown that certain lifestyle behaviors are risk factors for disability and premature death. As a result, efforts have been made to study and to change these risky behaviors. A goal of *Healthy People 2000, Health Promotion and Disease Prevention Objectives for the Nation*¹ and of *Healthy Kentuckians 2000*² is to reduce unhealthy behaviors, thereby improving overall health.

The Kentucky Behavioral Risk Factor Surveillance System (BRFSS) is an on-going telephone survey administered by the Kentucky Department for Public Health, in cooperation with the Centers for Disease Control and Prevention, to collect data on the prevalence of major health risk factors among adult Kentuckians. Information from the studies is used to plan and support health education and risk reduction activities designed to lower rates of disability and premature death.

In 1996, 3618 Kentucky adults were surveyed about their knowledge, attitudes and health practices which may contribute to premature death and disability. Some of the results are summarized below:

SMOKING/SMOKELESS TOBACCO: Cigarette smoking is the primary preventable cause of death in the United States.³ According to the 1996 BRFSS, 31.6% of adult Kentuckians are current smokers and 5.2% use smokeless tobacco. More men than women smoke (34.0% versus 29.5%) and 10.3% of men use smokeless tobacco. The highest prevalence for smokers is the 25-34 age group at 38.1%. The current smoking prevalence has increased from the prior low of 27.8% in 1995.

PHYSICAL INACTIVITY: Of the Kentuckians interviewed, 45.6% reported no leisure-time physical activity during the previous month. As outlined in the Surgeon General's report, *Physical Activity and Health*⁴, Americans can substantially improve their health and quality of life by including moderate amounts of physical activity in their daily lives.

OVERWEIGHT: Elevated blood pressure, elevated cholesterol levels and Type 2 diabetes are associated with being overweight. Excess body weight is also a risk factor for coronary heart disease.⁵ Based on body mass index (BMI), 31.0% of adult Kentuckians are overweight. This has increased from 21.8% when we began reporting overweight in 1987 by the BMI definition.

NUTRITION: The Dietary Guidelines for Americans⁶ recommend choosing 5 or more servings of fruits and vegetables a day to maintain good health and well-being. In 1996, only 17.4% of adult Kentuckians consumed the

recommended foods.

ALCOHOL CONSUMPTION: Although 32.6% of those surveyed reported that they had consumed alcoholic beverages in the past month, only 8.7% were identified as binge drinkers (5 or more drinks on one occasion in the past month). Chronic drinkers are those who have had 60 or more alcoholic drinks in the past month; 2.7% of adult Kentuckians are considered chronic drinkers. And 0.4% reported having driven after having too much to drink. Undoubtedly, alcohol consumption is an under-reported activity since alcohol abuse contributes to 4 of the leading causes of death in Kentucky—cirrhosis, accidents (including motor vehicle crashes), suicide and homicide.⁷

DIABETES: The prevalence for adult Kentuckians considered to be diabetic was 4.5% in 1996. The prevalence increases with age; ranging from 0.2% in the 18-24 age group to 10.8% in the 65+ age group.

SAFETY SEATBELT NON-USE: The use of seatbelts reduces the number and severity of injuries from motor vehicle crashes⁸. The prevalence of individuals in Kentucky who do not always wear a seatbelt while driving or riding in a car was 33.8% in 1996.

HYPERTENSION: Untreated hypertension is a major risk factor for the development of heart and cardiovascular disease and is a contributing factor in the development of kidney disease⁹. The prevalence of adult Kentuckians having their blood pressure checked in the past 2 years was 92.6%, while 25.1% have been told they have high blood pressure.

CHOLESTEROL: Many people can lower their elevated blood cholesterol levels through personal health practices, such as diet modifications and increasing physical activity.¹ A *Healthy Kentuckians 2000* goal is to increase to at least 75% the proportion of adults who have had their cholesterol level checked within the past 5 years. In 1996, 59.9% of the state's adults have had their cholesterol checked in the prior 5 years and a total of 32.2% have been told their cholesterol was high.

SCREENINGS/IMMUNIZATIONS: Influenza and pneumonia shorten the lives of many older adults despite the availability of vaccines. Only 60.8% of Kentuckians over age 65 have had a flu shot in the previous 12 months and only 28.4% of these older people have ever had a pneumonia vaccine.

Cancer screenings on a regular basis reduce the mortality and morbidity from breast and cervical cancer.¹¹ Of Kentucky women age 40 and older, 75.2% reported having had a screening mammogram and clinical breast examination (CBE). Of those women 50 years of age or older, 59.3% reported having had a mammogram and CBE in the past two years. The prevalence of adult Kentucky women reporting having had a Pap test in the past 3 years was 79.7%.

The prevalence of Kentuckians ages 40 years and older who had ever received a rectal examination was 57.6% in 1996. Of women, 62.2% had ever received one, while only 52.1% of men had been examined. For those ages 50 years and older, 34.0% reported ever having had a proctosigmoidoscopy.

FIREARMS: Excluding law enforcement officers, 47.8% of Kentuckians keep firearms in their homes and/or vehicles. Of those, 55.8% have firearms for hunting and 25.8% keep them for protection. A total of 9.7% have firearms that are both loaded and unlocked; in the prior 30 days, 2.9% have had a loaded firearm on their person outside the home for protection.

HEALTH INSURANCE: In 1996, 14.4% adult Kentuckians reported not having a health care plan. Of those with health coverage, 24.1% are on Medicare and 6.3% are on Medicaid or Medical Assistance. Of those without coverage, 24.6% have been without coverage for over 5 years and 21.5% have never had coverage.

Additional data from the BRFSS are available from the Division of Epidemiology and Health Planning by contacting Karen Asher at 502-564-3418. A recent Division publication *Health Behavior Trends: Kentucky Lifestyles 1994-1996* summarizes three years of information. Data are presented by Area Development District, as well as state- wide. For copies contact Ms.

full report with commentary. Washington, DC: US Department of Health and Human Services, Public Health Service, 1991; DHHS publication no. (PHS) 91-50212.

- 2 Kentucky Department for Health Services, *Healthy Kentuckians 2000*. Frankfort, KY: Cabinet for Human Resources, Department for Health Services, 1991.
- 3 US Department of Health and Human Services. Reducing the health consequences of smoking: 25 years of progress. A report of the Surgeon General. Washington, DC: US Department of Health and Human Services, Public Health Service, Office on Smoking and Health, 1989; DHHS publication no. (CDC) 88-8411.
- 4 US Department of Health and Human Services. Physical activity and health: a report of the Surgeon General. Washington, DC: US Department of Health and Human Services, Public Health Service, 1996.
- 5 US Department of Health and Human Services. The Surgeon General's report on nutrition and health. Washington, DC: US Department of Health and Human Services, Public Health Services, 1988; DHHS publication no. (DHS) 88-50210.
- 6 US Department of Agriculture and US Department of Health and Human Services. Dietary guidelines for Americans. Washington, DC: The Departments, 1990.
- 7 Kentucky Annual Vital Statistics Report, 1995.
- 8 CDC. Effectiveness in disease on injury prevention. MMWR 1993;43:689-91.
- 9 Dawber TR. The Framingham study: the epidemiology of atherosclerotic disease. Cambridge, MA: Harvard University Press, 1980.
- 10 American Cancer Society. Breast cancer facts & figures 1996. Atlanta, GA: American Cancer Society, 1996.

Editorial Message. . . .

As the new year begins we extend thanks and appreciation to our 1997 authors and other contributors:

Karen M. Adams
Karen Asher
Michael Auslander
Pat Beeler
Joyce Bothe
Norma Carlin
Reginald Finger
Carol Forbes

Amanda Gibbons
Rhenda Mills
Ellyn Moon
Clarkson Palmer
Susan H. Pollack
David Raines
Theresa Renn
Jamie Rittenhouse

Mary Sanderson
Amy Scheerer
Gene Simmons
Barbara E. Sonnen
Carl Spurlock
Tim Struttman
Peggy Wright
Nancy Yates

Staff from: Cabinet for Health Services, Department for Public Health; Kentucky Injury Prevention and Research Center and Departments of Pediatrics and Preventive Medicine, University of Kentucky College of Medicine.

SUBJECT INDEX***Kentucky Epidemiologic Notes & Reports, Volume 32, 1997*****ANNOUNCEMENTS**

Adult Immunization: Strategies That Work	February
Governor's Conference on the Future of Public Health	February
Emerging Infectious Diseases Conference	Insert, May
New Reportable Disease Reporting Form (EPID-200) - See Insert	July
Upcoming Teleconferences	Insert, August
Reportable Disease Form-mailing address	November
National Diabetes Month	November

ARBOVIRUS DISEASE

CDC Seeks Patients for Southern Tick-Associated Rash Illness Study	September
---	-----------

CHRONIC DISEASE

Cardiovascular Disease -The Leading Cause of Death among Adult Kentuckians-	February
Recommendation on the Diagnosis and Classification of Diabetes Mellitus	November

EMERGING INFECTIONS

<i>Staphylococcus aureus</i> with Reduced Susceptibility to Vancomycin - United States, 1997	October
Emerging Foodborne Disease	October

HIV/AIDS

HIV Postexposure Prophylaxis Guidelines Available	March
--	-------

IMMUNIZATION

Recommended Childhood Immunization	April
Immunization Schedule	Insert, April
Childhood Immunizations	September
Immunization Schedules	December

INDEX

Subject Index - 1996	January
----------------------	---------

INFLUENZA

Kentucky Influenza 1997-1998	September
------------------------------	-----------

INJURY PREVENTION

Education is Essential to Preventing Air-Bag Related Injuries and Fatalities	March
Occupational Fatalities in Kentucky - 1994	August
Occupational Burn Surveillance in Kentucky	December

PERSONNEL

Program Phone Numbers	January
To the readers of <i>Epidemiologic Notes & Reports</i>	June
Emergency Consult Phone Numbers	July
Farewell Dr. Myat Htoo Razak	September
New Staff Member	December
Immunization Program Manager	

PHYSICIAN AWARD

1996 Physician Award	April
----------------------	-------

PUBLICATIONS

Preventing Allergic Reactions to Natural Rubber Latex in the Workplace	December
---	----------

PUBLIC HEALTH

Presentation "Community Based Public Health Endeavors"	May
---	-----

RABIES

Human Rabies in Kentucky 1996	April
Animal Rabies in Kentucky	April
Rabies Postexposure Prophylaxis Survey, Kentucky 1994	July

RAPID RESPONSE TEAM

"Epi" Rapid Response Team 1997	November
--------------------------------	----------

REPORTABLE DISEASE

Disease Surveillance Regulation (902 KAR 2:020) Summary	July
New Reportable Disease Reporting Form (EPID-200)	Insert, July
Urgent Reporting of Reportable Diseases (answering machine)	September

SEXUALLY TRANSMITTED DISEASES

Syphilis in Kentucky 1993-1996	August
--------------------------------	--------

SURVEILLANCE

Disease Surveillance Regulation (902 KAR 2:020)	July
Kentucky Reportable Disease Form	Insert, July

TUBERCULOSIS

Revision of Kentucky's Tuberculosis and Immunization Regulations	February
Tuberculosis in Kentucky, 1996	June
Laboratory Testing for <i>Mycobacteria</i>	December

VACCINE PREVENTABLE DISEASE

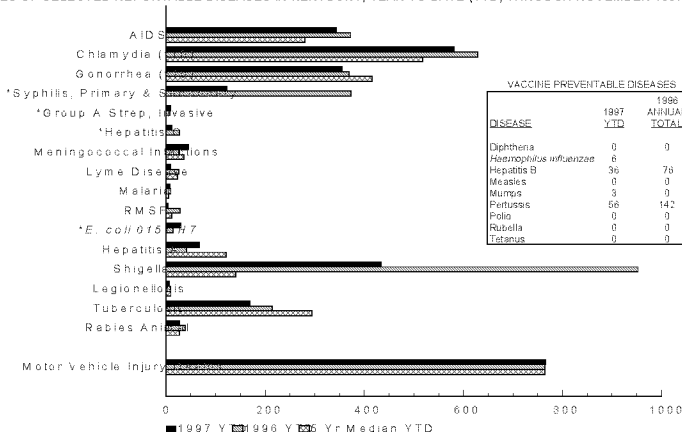
Unintentional Administration of Varicella Virus Vaccine - United States, 1996	January
Yellow Fever Vaccination Centers in Kentucky	March
Recommended Childhood Immunization	April
Measles - United States, 1996, and the Interruption of Indigenous Transmission	May

Internet Update

Kentucky Epidemiologic Notes & Reports is now available through the Internet on the Cabinet for Health Services Web page and will be posted in the PDF format. If you do not have Acrobat installed, you can download the viewer, Acrobat Reader, from the Web site. Anyone with Internet access can download and print out the publication. **Our address is:**

<http://cfc-chs.chr.state.ky.us/LHL1.htm>

CASES OF SELECTED REPORTABLE DISEASES IN KENTUCKY, YEAR TO DATE (YTD) THROUGH NOVEMBER 1997



*Historical data are not available.

Disease numbers reflect only those cases which meet the CDC surveillance definition.

Contributed by: Patricia Beeber, Surveillance & Investigations Branch.

KENTUCKY EPIDEMIOLOGIC NOTES & REPORTS

Printed With State Funds

by the

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH SERVICES
DEPARTMENT FOR PUBLIC HEALTH
275 EAST MAIN STREET
FRANKFORT, KENTUCKY 40621

Kentucky Epidemiologic Notes and Reports is a free, monthly publication of the Kentucky Department for Public Health. Materials may be reproduced without permission. For more information call 502-564-3418.

Rice C. Leach, MD, Commissioner
Department for Public Health

Clarkson Palmer, MD, MPH, Acting State Epidemiologist,
Acting Director, Division of Epidemiology & Health Planning

Joyce A. Bothe, Editor, Assistant Director,
Division of Epidemiology

Nancy Yates, Managing Editor

Contributors to this issue are:

Karen M. Adams

Karen Asher

Sara Dawson

Avian Influenza A (H5N1)

A strain of influenza virus, A (H5N1), known to previously infect only birds, was isolated in a specimen collected from a 3-year-old Hong Kong child who died in May, 1996.

As of December 26, 1997, there have been 11 confirmed and 9 suspected cases. Ages of the confirmed cases range from 1 to 54 years (with 7 of the 11 cases in children 5 years of age or younger). Ages of the suspected cases range from 3 to 60 years.

Currently, no influenza A (H5N1) viruses have been isolated outside of Hong Kong. Suggested methods for enhanced United States surveillance will be available in the near future.

Look for an update of the influenza A (H5N1) situation in Hong Kong scheduled to be published in the January 9, 1998

Influenza Update

The first laboratory confirmed influenza isolate of the current "flu" season was reported to the Division of Epidemiology and Health Planning on November 24, 1997. Influenza type A was confirmed in a specimen taken from a person residing in Jefferson County, Kentucky. Subtyping was not done. Any questions relating to influenza may be directed to Karen Adams, R.N., B.S.N. at 502-564-3418.